Meeting Summary

eHealth Technical Advisory Committee
December 15, 2009 12:00-1:30PM

Review of Project Goals: HIE Cooperative Agreement Program (Slides 4-12):
In order to properly orient and align the work of the committee, the funding opportunity announcement (FOA) of the HIE Cooperative Agreement Program (the federal funding mechanism by which California's HIE operational plan will be supported) was reviewed. The technical architecture for HIE that shall be designed by the committee will be part of the state's operational plan, which is a requirement of the HIE Cooperative Agreement Program. The program is thus the lens through which the state is viewing the current activities of the committee.

Definitions (Slide 5):
The following terms were reviewed and the group was requested to adhere to their definitions as stated in the FOA to avoid confusion:

1. Health Information Exchange (HIE): the electronic movement of health-related information among organizations according to nationally recognized standards. Here, the term is being used in the verb sense and does not refer to an organization.
2. Health Information Organization (HIO): an organization that oversees and governs the exchange of health-related information among organizations]
3. Regional Health Information Organization (RHIO): an HIO that brings together health care stakeholders within a defined geographic region and governs health information exchange.

Role of Meaningful Use (Slide 6):
The FOA clearly specifies that the state's HIE planning efforts center around meaningful use. In particular, it is stated that the information exchange requirements for meaningful use will inform a strategic framework for the HIE Cooperative Agreement Program. Goals, objectives, and corresponding measures of meaningful use that require HIE will be the reference point for states and/or SDEs in their HIE infrastructure development plans.

Roles of Government and Private Sector (Slide 7):
The FOA mentions that state government, federal government, and the private sector will all play important roles in advancing HIE. The role of the state is to develop and implement Strategic and Operational Plans that will result in actions that ensure the adoption of HIE to enable providers to meet HIE meaningful use criteria. Among others, the state will be expected to (1) develop state level directories and enable technical services for HIE, (2) remove barriers and create enables for HIE, and (3) convene health care stakeholders to ensure trust in and support for a statewide approach to HIE.

Pathway to HIE (Slide8):

Because meaningful use criteria will become more stringent over time, ONC recommends that a pathway for realizing statewide HIE be considered in a series of stages consistent with the statutory requirements for meaningful use.

Required Performance Measures and Reporting (Slides 9-10):

The HIE Cooperative Agreement Program specifies certain reporting requirements and performance measures. The state will be required to report on the following with respect to the HIE technical architecture:

- Development of a state HIE architecture and readiness of the architecture for implementation
- Integration with state-specific Medicaid management information systems
- Integration of regional HIE efforts
- Proportion of healthcare providers in the state who are able to send/receive electronic health information using the statewide HIE technical infrastructure

Performance measures that the state will need to submit once the implementation phase begins include:

- Percent of providers participating in HIE services enabled by statewide directories or shared services
- Percent of pharmacies actively supporting e-prescribing and refill requests
- Percent of clinical laboratories actively supporting electronic ordering and results reporting

Future performance measures will be specified to measure the extent of meaningful use in areas such as providers' use of e-prescribing, exchange of clinical summaries, immunization, quality, public health reporting, and eligibility checking.

Detailed Guidance for Technical Infrastructure Section of Operational Plan (Slide 13):

The state's Operational Plan will need to describe:

- Efforts to become consistent with HHS adopted interoperability standards and any certification requirements.
- How the technical architecture will accommodate the requirements to ensure statewide availability of HIE among stakeholders.
- How the architecture will align with NHIN core services and specifications, if the state plans on exchanging information with federal health care providers.
- Technical solutions that will be used to develop HIE capacity and particularly enable meaningful use criteria for 2011. If the state plans to participate in NHIN, plans must specify how they will be compliant with HHS adopted standards and implementation specifications.

Discussion Points:

Several points related to the information above were discussed.

Connectivity with the NHIN was discussed at length. In particular:

- Scott Joslyn asked whether it was truly an option for a state to participate in NHIN. Walter stated that an inquiry about this had been placed with contacts in Washington. Tim Andrews confirmed that based on recent meetings with the Feds, their position on this was indeed ambiguous.
- With respect to the development of NHIN, Wendell Bobst asked if there was a mechanism by which states could make recommendations for the Feds to consider regarding connectivity with NHIN. John Mattison replied that the standards are already well specified, and that an announcement would be made in January about Kaiser Permanente and the VA going live with data exchange via NHIN. Laura Landry suggested that the governance entity be required by the state to participate in the NHIN governance process. John offered to serve as liaison to the NHIN coordinating committee, of which he is a member.
- There was general agreement that the architecture should support connectivity to the NHIN, based on the standards and specifications that such connectivity will require, when such connectivity will be available. At a later point in the discussion, John Mattison asked whether there was consensus around the proposal that as an operating assumption, the statewide approach would enable the infrastructure in place to connect with the specifications developed by HHS/ONC for NHIN. Scott Joslyn voiced his support of this approach, provided that so doing would not impede the state's planning process for meeting its own HIE needs. The state's main consideration is to develop an architecture that enables communication and coordination among what likely will be multiple HIE solutions within the state. Standards will be needed to accomplish this, and it would make sense to utilize NHIN standards and specifications rather than inventing a new standard. John Mattison suggested that the proposal be stated as: "the group will endeavor not to vary from published HHS and ONC standards without an explicit and specific discussion, agreement, and business case for so doing." Scott Joslyn and Laura Landry agreed with this.
- Several members voiced the opinion that support for NHIN connectivity should not slow down the state's plans for its own infrastructure. Lucia Savage made the point that while the intent to interoperate with NHIN is important, it should not change the planning for HIE in California. The state's HIE infrastructure needs to be built for its citizens and quality of their healthcare regardless of NHIN's timeline. Scott Whyte agreed that the goal would be to design an architecture that facilitates a connection with NHIN, but that the state's plans should not be constrained by NHIN's timeline.
- Walter posed the question to the group of whether it would be necessary for HIE services within California to be conformant to NHIN standards (in distinction to services enabling inter-state HIE). Laura Landry responded that standards enabling the communication between HIOs within the state would need to be specified. Walter asked whether an HIO would be required to enable the HIE necessary to achieve meaningful use. Mike Minear observed that it would be hard to pre-define the organizations that will be engaging in HIE and how they will accomplish this. Instead, it may be more relevant for the group to focus on the standards needed to exchange the desired content.

- Walter asked whether adhering to NHIN standards would limit what could be done in the future. Scott Joslyn responded that supporting such standards adds a measure of safety. Mike Minear added that it would be difficult to justify not supporting such standards where available, and suggested that the group could add a phrase to denote support for additional standards that may evolve in the future around desired functionality. Walter inquired whether this meant that all technology developed under the Cooperative Agreement to enable HIE in California should be conformant to NHIN specifications, including those that involve intra-state entities, e.g. Adventist and CHW or a physician practice and a lab. A participant suggested that this could be limited to cases "when possible and relevant," since the NHIN was still a work in progress. Jeff Guterman stated that additional flexibility within an organization would be desirable, provided that a gateway to NHIN was available.

Scott Whyte observed that there is an apparent lack of specific timelines and milestones in the FOA, other than those relating to meaningful use. Walter confirmed that there is only general mention of milestones that have to be met in the future, but no specific dates except for meaningful use dates. Tim Andrews explained that the Cooperative Agreement is constructed such that the state sets its own timelines and deliverables in its Operational Plan, which is then agreed upon and approved by ONC. The overall intent is that the plan coincides as much as possible with meaningful use requirements at the provider level. Beyond this, however, ONC recognizes that each state must set its own schedule because the needs and starting point of every state is different.

There was a question about whether an IDN is considered an HIO. According to the definition in the FOA, an HIO deals with exchange of health-related information among organizations, whereas information sharing in an IDN occurs within a single organization. Similarly, HIE refers to exchange of health-related information between organizations; thus, information sharing that occurs within an IDN would not be considered HIE but rather enterprise computing or computing within an organization.

A discussion ensued about the nature of "state level directories" as mentioned in the FOA.

- Walter stated that these directories are repositories of information about the parties that can exchange health information in the state of California, and how to reach those parties electronically, possibly including information about security attributes.
- Lucia Savage said that her interpretation was that these directories were single source directories that would eliminate redundancies and inaccuracies in the current system, and were statewide tools that undergird accurate facts within the exchange of information, such as statewide directories of insurance eligibility, coverage responsibility, and payment obligations.
- Laura Landry saw state level directories as being provider and organization directories.
- John Mattison recommended that having a directory of provider organizations who could share information would be a minimum requirement. Going beyond this to a patient directory, for instance, would require defining many assumptions (e.g., opt-in or opt-out, how the directory would be constructed, how it would be managed, etc.).

- Jonah commented that the possibilities of what these directories could be according to the NHIN workgroup were varied, and include directories of providers, patients, and organizations, either as a listing or a service. Tim mentioned that a provider directory is top on everyone's list, and there's also a fair amount of emphasis on plans, enabling eligibility and claims, healthplan directories, eligibility information (not necessarily service), and pharmacy directories. Jonah agreed that going towards a patient directory would be of massive scope, and thought that a provider directory which included physicians, hospitals, pharmacies, and health plans, and could distinguish between these would be appropriate.
- Ann Lindsay voiced her interest in having public health agencies be included in the directory.
- Walter's suggestion that the relevant entities belonging in the directory are the data trading partners that are involved in HIE in California was positively received by the group.

Survey (Slide 12):

The purpose of the TAC survey (due 12/18) is to identify existing HIE capabilities of stakeholders, specifically for meaningful use. We want to know this to avoid unneeded investments, leverage existing working solutions for others, and allow integration with existing working solutions. We also want to identify existing HIE needs and where the gap is, in order to find out where statewide HIE infrastructure and shared services are needed in order to direct resources such that they enable meaningful use where it may not otherwise occur. The purpose of the survey is not to take an inventory of stakeholders' abilities to meet meaningful use criteria.

The following points were discussed about the survey:

- Jeff Guterman asked whether it was important to identify other stakeholders that his organization intersects with and how so. Walter clarified that it would be helpful to separate out the different capabilities and needs of the various organizations that he represents or operates.
- Wayne Sass asked about the definition of HIE as it would relate to a resource that allowed data sharing within the IPA, where each individual practice can be considered an organization. Walter answered that the information being sought is whether the providers in the IPA can connect with each other to meet meaningful use through the resource described. Wayne also asked whether in the context of an IDN, where there was data sharing between providers within the same organization, this ought to be considered HIE for the purposes of the survey. Walter replied that sharing of data across facilities is of interest, insofar as the approach may be leveraged by others to perform HIE. However, the survey is mainly interested in HIE capabilities across organizations.
- One participant asked whether the survey could be given to not only those who are already involved in or thinking about HIE, but also to those who have not even thought about meaningful use and HIE yet have great needs. Walter explained that the hope was that some members of TAC may be able to partially represent those viewpoints. Additionally, other suggestions of appropriate channels are welcome given the limitations of time that prevent surveying the entire state. In particular, it would be of interest to survey knowledgeable

representatives of counties, and other aggregations of the relevant provider organizations. Jeff Guterman suggested that the survey may require additional explanation for those who are not used to thinking about these issues. Ann Lindsay conveyed that Humboldt-Del Norte IPA served a rural community and might be appropriate, and the California Conference of Local Health Officers had representation from local health departments. Ron Jimenez also mentioned that California Association of Public Hospitals (CAPH) was conducting a survey of public hospitals focused on needs assessment and funding, but may provide additional information on what the public entities may be capable of.

<u>High-Level Issues from TWG (Slide 13):</u>

Walter reviewed some high-level issues that were raised at past TWG meetings for feedback and guidance. One issue had to do with whether the 2011 goals for the technical architecture should focus on either enabling meaningful use for the maximum number of eligible providers, or promoting additional improvement goals for the health care system in California. The following discussion points were raised pertaining to this issue.

- Terri Shaw pointed out that in addition to federal definitions of meaningful use, the technical architecture would need to support meaningful use as defined by the state for the Medi-Cal EHR incentive program. While it was unclear when these definitions would be made available, it is anticipated that these may reflect additional health care goals for California.
- Laura Landry noted that supporting meaningful use itself was a very large undertaking, and suggested that the infrastructure be expandable. She advocated focusing on meaningful use because it is relatively defined and will allow the group to focus on how to design an infrastructure and business model to support those goals. To widen the scope would result in time spent focusing on what the additional improvement goals should be, and the group may not get to the actual work of defining the infrastructure.
- Lucia Savage suggested that an infrastructure to support meaningful use would be the mechanism through which many long-term improvement goals are met. Thus, a secondary focus should be on measuring the impact of meaningful use.
- Tim Andrews stated that the point of federal meaningful use incentives is to catalyze the development of HIE at crucial points, but that meeting meaningful use goals alone will not constitute a coherent, coordinated, self-sustaining system. Thus, it is up to each state to define what such a system looks like long-term based on strategic goals. Some states, for instance, are interested in supporting a “patient-centered medical home” and thus may want to involve health plans and integrate payment reform. Others who have made it a priority to support rural health may emphasize broadband integration and be interested in hosted applications as a solution to reach providers with limited technology support. The question is therefore how the technical infrastructure will support the long-term priorities and strategic initiatives that the state is undertaking. Walter agreed with this point, and clarified that the issue at hand involves defining scope for the current project such that the design of shared services to meet the well-defined requirements of meaningful use would not be derailed because of concerns over how these services further other health care goals.

- Lucia Savage suggested creating a straw man list of strategic health care priorities for the state that the group could then respond to.
- Mike Schrader suggested prioritizing the types of information to be exchanged in order to meet meaningful use goals, which would then help facilitate how the information could best be exchanged.

A second high-level issue emerging from TWG had to do with what assumptions should be made regarding the role of Health Information Organizations (HIOs) in meaningful use. One possible position is that an HIO is a necessary enabler of HIE for meaningful use. A competing viewpoint is that an HIO enables HIE for meaningful use, but is not always required. There was general agreement that the latter statement was most appropriate. John Mattison strongly recommended that the latter view be adopted, with the option of revisiting the issue later as needed. He felt that there are many use cases where connecting to an HIO would not only be unnecessary, but would also be an undue cost burden to organizations. Lucia Savage agreed with this, at the same time raising the question of whether certain universally shared services such as directories would need to be maintained and managed by an HIO, the governance entity, or some other party in order to ensure uniformity and eliminate redundancy. Walter asked whether the Internet might provide a useful model, where certain shared services such as domain name services exist in the midst of peer-to-peer connectivity. Laura Landry strongly agreed that this model was extremely appropriate to describe how shared HIE services would work.

Next Steps:

1. Survey responses are due 12/18.
2. Email Walter with any suggestions of other appropriate organizations to survey who may not be well-represented by the group (Humboldt-Del Norte and California Conference of Local Health Officers are possibilities).
3. Create a list of strategic health care priorities for the state for discussion.
4. Enumerate a prioritized list of types of information to be exchanged in order to meet meaningful use goals.

Summary of Key Questions/Issues/Decision Points:

- There was consensus among TAC members that the architecture should support connectivity to the NHIN, based on the standards and specifications that such connectivity will require, when such connectivity will be available. As an operating principle, the group will endeavor not to vary from published HHS and ONC standards without an explicit and specific discussion, agreement, and business case for so doing.
- There was also support for the principle that technology developed under the HIE Cooperative Agreement to enable HIE in California should be conformant to NHIN specifications when possible and relevant.
- An appropriate state level directory will contain information about the data trading partners (physicians, hospitals, pharmacies, health plans, etc.) that can exchange health information in the state of California, and how to reach those entities electronically.

- There was general agreement that while HIOs enable HIE for meaningful use, they are not always required.

Members Present

Name	**Title and Organization**
Bill Beighe	CIO, Physicians Medical Group of Santa Cruz
Zan Calhoun	CIO, Healthcare Partners
Ron Jimenez	Associate Medical Director, Clinical Informatics, Santa Clara Valley Health & Hospital System
Scott Joslyn	CIO, Memorial Care
Laura Landry	Executive Director, Long Beach Network for Health
Ronald Leeruangsri	County of Los Angeles Chief Executive Office
Ann Lindsay	Health Officer, Humboldt County
John Mattison	CMIO, Southern California Region Kaiser Permanente
Greg McGovern	CTO, Adventist Health
Mason Matthews	County of Los Angeles Chief Executive Office
Michael Minear	CIO, UC Davis Health System
Ray Parris	CIO, Golden Valley Health Center
Debbie Rieger	COO, CalRHIO
Angela Roberts	VP Administrative Services, Altamed Health Services Corporation
Wayne Sass	CIO and Privacy Officer, Nautilus Healthcare Management Group
Lucia Savage	Assoc. General Counsel, United Health Care
Linette Scott	Deputy Director, Department of Public Health
Michael Schrader	Chief Operating Officer, CenCal Health
Terri Shaw	Deputy Director, Children's Partnership
Bob Swetnam	Information Technology Manager, Health Services, County of Santa Cruz
Scott Whyte	Sr. Director for Physician and Ambulatory IT Strategy, Catholic Healthcare West

Staff Present

Name
Walter Sujansky
Tim Andrews
Peter Hung